



## Rental & Utility Assistance Application

Thank you for contacting Mesa CARES. The COVID Crisis Rental Assistance program was established in response to a Public Health Emergency due to the COVID-19 pandemic and the related evictions and utility turn-offs. We are here to help.

The program provides financial assistance to households in the City of Mesa who are experiencing financial hardship as a direct result of the COVID-19 pandemic. Please complete this application in full.

If you have questions, call 480-644-CARE (2273) for assistance. We will contact you within 14 business days.

### Application Instructions

1. Fill out **all sections** of Application and, if applicable, the Zero Income form. The applicant must sign ALL forms. Any incomplete, unsigned or packets with missing documentation will require follow up to determine eligibility for the program.
2. Provide legible copies of all required documentation (see below).
3. Submit your application by one of the following:
  - Fax: **480-833-9292**
  - Mail or drop off to
    - **A New Leaf MesaCAN, 635 E Broadway Rd., Mesa, AZ 85204**
    - **Mesa Housing, 200 S Center St, Building 1, Mesa, AZ 85211**

**After you submit your application and all required documentation it may take up to 3 business days to review your application. Applications will not be considered complete and will not be reviewed until all required documentation is submitted.**

- ☐ This application
- ☐ Photocopy of driver's license or government ID of applicant
- ☐ Document(s) showing COVID-19 financial impact
- ☐ Income documentation for all household members for last 30-days
- ☐ Current lease agreement (*required if applying for rental assistance*)
- ☐ Notice or letter from landlord identifying months late and total amount due (*required if applying for rental assistance*)
- ☐ Billing statement or notice of disconnect from utility provider(s) identifying months late and total amount due (*required if applying for utility assistance*)

# Eligibility & Household Information

What type of assistance are you applying for? (Please check one)

- ☐ Utilities
- ☐ Rent
- ☐ Utilities & Rent

Are you a resident of the City of Mesa? (Please check one)

- ☐ Yes
- ☐ No

**This program is only available to Mesa residents who have experienced a financial hardship directly due to COVID-19 and who meet income eligibility requirements. If you live outside of Mesa, please go to the Maricopa County website for assistance at: <https://www.maricopa.gov/5583/COVID-CrisisRental-Assistance>**

Have you or a family member in your household been financially affected by COVID-19?

Yes                      No

How many people currently live in your home? \_\_\_\_\_

All people in your household, not just family

What is the combined gross household income for all adults living in the home in the last 30 days?

\_\_\_\_\_  
Pre-tax income from ALL adults who are 18+ years (not in high school), living in the home

Have you received a notice from the City of Mesa about a scheduled utility turnoff?

Yes                      No

Are you currently experiencing any of the following as a result of COVID-19? (Check all that apply)

- ☐ A loss of Income due to COVID-19                      ☐ An unexpected or unplanned expense due to COVID-19
- ☐ Reduced hours    ☐ Loss of job
- ☐ Furlough    ☐ Caring for family member due to COVID-19

Gross monthly household income pre-COVID-19? \_\_\_\_\_

Current gross monthly household income due to COVID-19? \_\_\_\_\_

# Applicant Information

## Applicant Name:

\_\_\_\_\_

First Name Middle Initial Last Name

Email: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Applicant Address:

Street: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Circle one in each category:

<b>Ethnicity:</b> Asian Black Native American Caucasian Other	<b>Hispanic:</b> Yes No	<b>Gender</b> Male Female
<b>Preferred Language:</b> English Spanish Other	<b>Disability:</b> Yes No	<b>Do you receive subsidized housing?</b> Yes No List name: _____

# Lease & Utility Information

Monthly rent? \$ _____	Number months behind? _____	Amount owed including fees? \$ _____
Name of Landlord: _____		Phone number: (    ) _____
Landlord email: _____		
Are utilities included in your rent? Yes No If yes, which are included? Water/sewer/trash Gas Electric		
Utilities you pay directly to a utility provider & cost? Water/sewer/trash \$ _____ Gas \$ _____ Electric \$ _____		
Which utility providers do you pay? APS SRP SW Gas City of Mesa Other: _____		

Monthly utilities? \$ _____	Number months behind? \$ _____	Amount owed including fees? \$ _____
Has anyone in your household received <u>rental and/or utility assistance since March 1, 2020?</u> <b>Rent:    Yes    No</b> Name of Agency _____ Date Received _____ Months Covered _____ Total Amount _____ <b>Utilities:   Yes    No</b> Name of Agency _____ Date Received _____ Months Covered _____ Total Amount _____		

## Gross Household Income Information

Gross household income for all members (except ages for persons under 18) will be considered in determining income eligibility for services. The gross amount of income (prior to deductions) received the past 30-days will be counted. Income includes, but is not limited to: employment wages (18 years +), social security, social security disability, unemployment, child support. Examples of documentation include:

- Wages - paycheck stubs
- Self-employment Income - business ledger
- Social security/disability - current benefit award letter
- Unemployment - award letter, printout of payments received
- Child support- written verification
- Baby sitting/child care income - signed and dated statement by the person paying for the care
- Housekeeper/home health aides - signed and dated statement by the employer
- Retirement/Pension Income - Statement
- Alimony - printout of benefit
- Cash Assistance - print out/written statement by DES
- Money provided to you by others such as family, friends, or other organizations

Households with no current income must complete a “zero” income form and submit one of the following: 1) written documentation from the income source of the last date employed and last date paid OR 2) Complete a self-certified form.

## Household

Please list all household members names (including the applicant) and include all income sources, amounts and dates received for the previous 30 days. Please provide documentation for each household member and for each source of income.

Household Member Name	Income Source	Frequency (wk, 2 wk, mo)	Dates Rec'd (MM/DD/YY)	Gross Amt Rec'd
1.				
2.				
3.				
4.				
5.				

Does your household meet 300% poverty guidelines for household size?

☐ Yes

☐ No

### 300% Poverty Income Guidelines

Household Size (persons)	Maximum Income Level (gross monthly)
1	\$3,190
2	\$4,310
3	\$5,430
4	\$6,550
5	\$7,670
6	\$8,790
7	\$9,910
8	\$11,030
Each additional household member	\$1,120

# Release of Information

**AUTHORITY FOR RELEASE OF INFORMATION:** By signing below, I agree to participate in the Emergency Services Network and utilize the City of Mesa/MesaCAN as my primary service agency. I authorize the City of Mesa/MesaCAN and/or delegate agencies to contact any source necessary to establish the accuracy of the information given by me and to release or receive information contained on this form and/or in my case file.

**APPLICANTS STATEMENT OF TRUTH:** Under Penalty of perjury and acknowledged by my signature below, I SWEAR or affirm that the statement made regarding the persons in my home, and the income, resources, property and all other items that pertain to my possible eligibility for benefits are TRUE and CORRECT to the best of my knowledge.

Applicant Name: (Print) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Service funded by Maricopa County as part of the COVID-19 Cares ACT Funding provided to the City of Mesa in partnership with MesaCAN Equal Housing Opportunity*

**City of Mesa MesaCARES 480-644-2273 | A New Leaf MesaCAN 480-833-9200**